

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

10/018041
APPLICANT(S)

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							
2							
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50							
TOTAL IND.	2						
TOTAL DEP.	2						
TOTAL CLAIMS	4						

CLAIMS		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP					

Best Available Copy